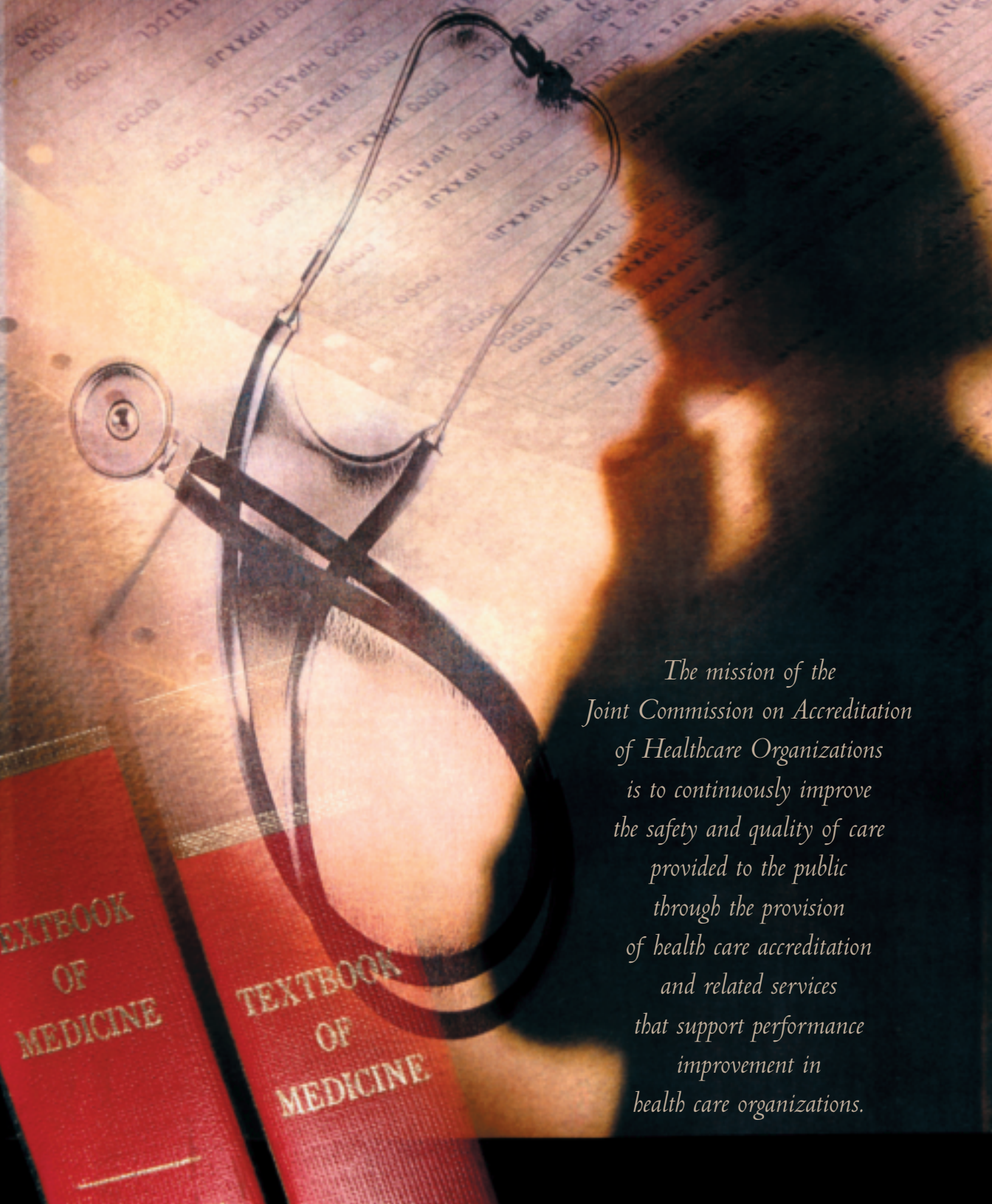
Setting The Standard

The Joint Commission & Health Care Safety and Quality

Joint Commission
on Accreditation of Healthcare Organizations



The mission of the Joint Commission on Accreditation of Healthcare Organizations is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

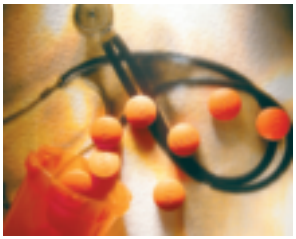
Improving the Safety and Quality of Care

Since its founding in 1951, the Joint Commission on Accreditation of Healthcare Organizations has been acknowledged as the leader in developing the highest standards for quality and safety in the delivery of health care, and evaluating health care organizations based on these standards. Today, nearly 17,000 health care providers—from small, rural clinics to expansive, complex health care networks—use Joint Commission standards to guide how they administer care to their patients, and improve their performance. All Joint Commission standards represent the optimum achievable levels of quality and safety and, to achieve and maintain accreditation, health care organizations must be in compliance with these standards.

As the U.S. health care system has evolved and grown, so to has the Joint Commission. Today, it is the only accrediting organization with the capability and experience to evaluate health care provider organizations of all sizes and types. Joint Commission accreditation is often considered the gold standard by the federal government, state agencies, insurers, purchasers, consumers and other accrediting organizations trusting in and relying on its processes and leadership to determine that safe, high-quality health care is consistently provided. In fact, seven of the Joint Commission's programs are recognized and approved by the federal Centers for Medicare and Medicaid Services, meaning that certain health care organizations accredited by the Joint Commission meet Medicare and Medicaid certification requirements and may participate in and receive payment from these programs.

This report examines Joint Commission policies, standards and initiatives that have helped shape the delivery of health care in the United States and have helped improve the quality and safety of the care provided to the public. Together, these policies, standards and initiatives emphasize a systems-oriented approach to providing safe, high-quality health care, and they have indeed effected dramatic and positive changes in the practice and delivery of health care in this country.

Sentinel Event Policy



Patient safety is at the core of the Joint Commission's standards and policies governing health care organization actions related to sentinel events (any unexpected occurrences involving death or serious physical or psychological injury, or risk thereof). In 1996, the Joint Commission established a Sentinel Event Policy calling for the identification, reporting, evaluation and prevention of sentinel events within accredited organizations. The policy requires organizations to investigate the root causes of adverse events, implement appropriate strategies to prevent the reoccurrence of such events in the future, and monitor the effectiveness of these strategies. Health care organizations must report their root cause analyses and corrective action plan to the Joint Commission if the sentinel event has been reported by the media and is known to the Joint Commission. Organizations may also voluntarily report event information to the Joint Commission. Through 2002, 1,918 sentinel events have been reported to the Joint Commission. The most frequently reported events include patient suicide, medication error, operative/post-operative complications, wrong site surgery, and delays in treatment. The policy also provides for an Accreditation Watch designation for organizations that fail to adequately respond when they experience sentinel events. The publication *Sentinel Event Alert* draws upon the experiences of health care organizations in responding to sentinel events to provide "lessons learned" to all accredited organizations to prevent future medical errors.

National Patient Safety Goals

In July 2002, the Joint Commission announced its first-ever annual National Patient Safety Goals. These goals focus on priority safe practices that will be reviewed at health care organizations undergoing survey beginning in 2003. Each goal includes one or two succinct, evidence- or expert-based recommendations.

The goals for 2003 are:

1) Improve the accuracy of patient identification.
   a) Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products.
   b) Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure and site, using active—not passive—communication techniques.

2) Improve the effectiveness of communication among caregivers.
   a) Implement a process for taking verbal or telephone orders that require a verification "read-back" of the complete order by the person receiving the order.
   b) Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.

3) Improve the safety of using high-alert medications.
   a) Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.
   b) Standardize and limit the number of drug concentrations available in the organization.

4) Eliminate wrong-site, wrong-patient, wrong-procedure surgery.
   a) Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.
   b) Implement a process to mark the surgical site and involve the patient in the marking process.

5) Improve the safety of using infusion pumps.
   a) Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.

6) Improve the effectiveness of clinical alarm systems.
   a) Implement regular preventive maintenance and testing of alarm systems.
   b) Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

In succeeding years, certain goals are likely to be continued, while others will be replaced because of emerging new priorities. The Joint Commission's *Sentinel Event Alert* Advisory Group, comprised of experienced physicians, nurses, pharmacists and other patient safety experts, conducts a thorough review of all *Sentinel Event Alert* recommendations issued by the Joint Commission and identifies candidates for the National Patient Safety Goals.

Patient Safety Standards

Explicit in the Joint Commission's mission is a commitment to improve safety for patients in all types of health care organizations and settings. In 2001, new patient safety standards went into effect for accredited hospitals. Most notably, these standards require the organization to tell a patient about the outcomes of their care—whether good or bad. These standards also address the implementation of patient safety programs, the responsibility of leadership to create a culture of safety, and the prevention of medical errors through the prospective analysis and re-design of vulnerable patient systems (for example, the ordering, preparation and dispensing of medications). In January 2003, the Joint Commission's behavioral health care and long term care programs implemented their patient safety standards. Similar standards should go into effect for the ambulatory care and home care programs in January 2004. Patient safety standards are being developed for the health care networks and assisted living programs.

Emergency Management Standards

In January 2001, the Joint Commission's disaster preparedness standards were modified to introduce the concepts of emergency management and community involvement in the preparedness process. These modifications call for accredited organizations to take an "all-hazards" approach to disaster planning—using a chain of command to address all hazards that are determined to be credible threats to the community. These standards represent an important evolution in the concept of managing emergencies. Health care organizations are now expected to address four specific phases of disaster planning—mitigation, preparedness, response and recovery—as well as to participate annually in at least one community-wide practice drill. These drills must evaluate the communication, coordination, and attention to chain of command structures developed by the health care organization and the community.

Patient Rights Standards

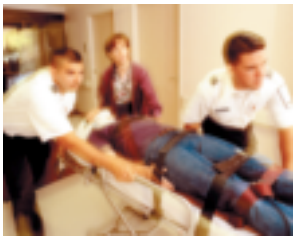
The Joint Commission is committed to protecting the rights and dignity of all patients and ensuring that all care is delivered in an ethical manner. The Joint Commission's Patient Rights standards evaluate how an organization protects patient rights and whether staff members treat patients with dignity and respect. During the on-site survey, the survey team assesses if patients are treated as individuals with unique personal and health care needs; if they are encouraged to be actively involved in decisions about their care and are able to accept or refuse specific treatments or participation in clinical research; if the organization protects the confidentiality of specific patient information; and if the organization has procedures to communicate their rights to patients.

Infection Control Standards

To minimize the risk to patients, staff, volunteers and visitors from acquiring or transmitting infections, Joint Commission standards require health care organizations to continuously monitor the presence of and spread of infection, take the necessary steps to prevent the introduction and spread of infection, and institute plans designed to control infection. These standards require that organizations establish clear and comprehensive plans and processes for reducing the risks of infection, while collecting and reporting data on infections and providing this information, as required, to the appropriate public health agency. The Joint Commission plans to review its existing infection control standards and survey process with the help of a newly appointed infection control expert panel. One of the panel's goals is to support organizations' patient safety efforts by lowering nosocomial infection rates throughout the organization and in targeted specific vulnerable populations such as surgical, intensive care and immunosuppressed patients.

Pain Management Standards

Following a two-year collaborative effort between the Joint Commission and the University of Wisconsin-Madison Medical School, in 1999, the Joint Commission developed standards that address the assessment and management of pain in hospitals and other health care settings. The standards acknowledge that patients have a right to effective pain management, and require that the presence of pain be routinely assessed for all patients. The standards, which have been endorsed by the American Pain Society, underscore the importance of effective pain management and establish it as an essential component of quality patient care.



Environment of Care Standards

An essential element in delivering quality care safely and in achieving good results, is ensuring that the environment in which the care is administered is safe, functional, supportive and effective for the patients, staff and visitors to the facility. Joint Commission standards not only address the design, function and security of the facility, but also the education, training and preparedness of staff in handling emergencies, mass casualties and natural disasters. To ensure that organizations are prepared in the event of emergency, the standards require all organizations to prepare, implement and test specific plans to address issues of safety and security; control of hazardous materials and waste; disaster preparedness; utility system maintenance and failures; medical equipment testing, maintenance, and failures; and fire safety. These standards include requirements for regular educational programs and training for all staff, and drills to test the efficiency and effectiveness of the plan, as well as staff readiness and skill. The Joint Commission standards also require compliance with the National Fire Protection Association's Life Safety Code® governing the construction and operation of all buildings with regard to fire safety and the protection of life.

Restraint and Seclusion Standards

In 2000, the Joint Commission introduced standards governing the use of restraint or seclusion in the care of behavioral health patients in hospitals and behavioral health care facilities. In brief, the standards acknowledge that the use of restraint and seclusion poses an inherent risk to the physical safety and psychological well-being of the individual and staff, and therefore, they are to be used only in an emergency, when there is an imminent risk of an individual physically harming himself or herself or others, including staff. Joint Commission standards call for the use of techniques that reduce the likelihood of risk, and the use of non-physical interventions as the first choice of intervention when risk occurs, unless safety issues demand an immediate physical response. The standards are intended to reduce the use of restraint and seclusion and to encourage organizations to explore ways to prevent, reduce, and strive to eliminate the use of restraint and seclusion through effective performance improvement initiatives. Prior to 2000, the Joint Commission's long term care program had established standards to provide a framework to protect residents from harm, including falls. The standards provide for the use of restraints only when absolutely necessary to ensure the safety of the resident, other residents and staff. They also encourage facilities to take steps to achieve a restraint-free environment.

Public Outreach

The Joint Commission has long provided the public with important health care information. In December 2001, the Joint Commission initiated a national campaign to prevent surgical mistakes. The December 5, 2001, issue of the Joint Commission's safety newsletter, *Sentinel Event Alert,* focused on an alarming increase in wrong site surgeries. The newsletter urged health care organizations to help reduce wrong site surgeries by involving the patient in the marking of their surgical site. The Joint Commission took this advice to the national consumer press to publicize how patients can help prevent surgical mistakes. Following on the success of this initiative, in March 2002, the Joint Commission launched its Speak Up campaign to help individuals prevent errors in their care. While the Joint Commission recognizes that health care providers are doing their share of work to address this issue, it believes that patients can also take an active role in helping to prevent errors. The Speak Up program provides individuals with specific tips on how to accomplish this. The Speak Up message is available on the Joint Commission's website at http://www.jcaho.org/general+public/patient+safety/speak+up/speak+up.htm, and is also distributed in brochures by Joint Commission accredited organizations throughout the United States.

Smoking Policy

In 1992, the Joint Commission added an Environment of Care standard requiring all accredited hospitals to have a policy prohibiting smoking in the hospital. Since that time, the regulation of smoking and the implementation of specific smoking policy standards have been extended to cover other types of provider organizations including behavioral health care organizations, long term care facilities and laboratories. These standards are intended to reduce the associated risks to patients and staff, as well as reduce the risk of fire. In a report issued by the National Fire Protection Association discussing the leading causes of fires in health care facilities, the number of smoking-related fires decreased from a high of 480 in 1992 to 160 in 1998. This dramatic decrease is directly attributed to the institution of the Joint Commission's standards prohibiting smoking.

Performance Reports

Consumers and purchasers of health care expect and demand access to useful, accurate and current information about health care organizations. Since 1994, the Joint Commission has made available important information about how to choose a quality health care organization, as well as specific information about the performance of individual organizations that have participated in its accreditation process. Organization-specific performance reports, which are available free of charge from the Joint Commission and via its website, provide information on the results of an organization's most recent on-site survey. The reports include the organization's overall performance level; its performance in key areas such as infection control, patient rights, and medication use; areas that received recommendations for improvement; and information about how that organization compares with other providers nationally in each performance area. In 2004, peformance reports will be replaced by quality reports, which will provide relevant and useful information regarding Joint Commission accredited organizations. In the development of the quality reports, the Joint Commission engaged a variety of advisory groups that included consumer, business and provider perspectives to improve the usefulness of the reports. In addition to the performance reports, the Joint Commission also offers through its website the *Quality Check*™ guide to accredited health care organizations. Consumers can learn the current accreditation status of any organization along with contact information. It is the Joint Commission's belief that just as the accreditation process helps organizations improve their performance and demonstrate their quality of care, making this information available to the public helps consumers make decisions about their health care providers and encourages quality improvement initiatives throughout the health care system.

Performance Measurement and ORYX®

Recognizing that standards compliance tells only part of the health care quality story, in February 1997, the Joint Commission announced the health care organization requirements for ORYX®, a major initiative that integrates outcomes and other performance measurement data into the accreditation process. The Joint Commission believes that this will ensure a more continuous, data-driven accreditation process that is more comprehensive and valuable to all stakeholders but also focuses on the actual results of care. The ORYX® initiative is the critical link between accreditation and the outcomes of patient care, allowing the Joint Commission to review data trends and patterns and to work with organizations as they use data to improve patient care. During the on-site survey process, surveyors will assess organizations' use of selected measures in their performance improvement activities. For hospitals, in July 2002, the Joint Commission also began collecting core measure data—standardized performance measures—that will be used to assist in focusing on-site survey evaluation activities. Four core measure areas have been identified—acute myocardial infarction, heart failure, community-acquired pneumonia and pregnancy and related conditions. The Joint Commission will identify core measure areas for its other accreditation programs.

Joint Commission at the Forefront

With an experienced, trained surveyor cadre of nearly 400 practicing health care professionals, the Joint Commission is positioned to provide high quality evaluation and accreditation services to any type or size of health care organization. As the industry continues to shift care delivery away from the acute care, hospital setting, to develop new programs and establish new care delivery systems or sites, the Joint Commission has developed new standards or adapted existing standards to accurately and efficiently evaluate these services. In the past several years, the Joint Commission has developed new standards or accreditation programs for assisted living, office-based surgery, managed behavioral health care, subacute services, long term care pharmacies, dementia special care units, health maintenance organizations and preferred provider organizations, and foster care providers. Most recently, the Joint Commission introduced its groundbreaking Disease-Specific Care Certification program—the first of its kind in the United States—to assess the quality of programs for patients suffering from specific chronic illnesses, such as asthma, diabetes and congestive heart failure. Finally, the Joint Commission is expanding the boundaries of quality standards worldwide. In 1999, the Joint Commission issued its first international accreditation standards for hospitals. Today, Joint Commission International has experience working with public and private health care organizations and local governments in more than 40 countries.

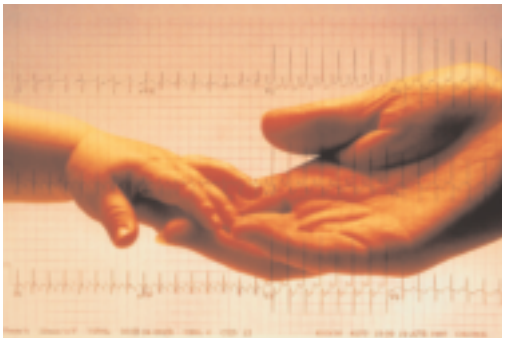
Creating a Collaborative Environment

To achieve consensus and reduce duplication, the Joint Commission has established a comprehensive and multilevel advisory structure to solicit input from individuals and organizations from around the world to ensure that policies, practices, processes and standards are current and useful. Presently, the Joint Commission has 18 standing advisory groups, in addition to ad hoc advisory committees and expert panels. The unique collaboration with these advisors strengthens the accreditation process to help organizations improve the quality and safety of the care they provide.

The Joint Commission is involved in a number of patient safety coalitions. Along with United States Pharmacopoeia, the American Medical Association, the American Hospital Association and 14 other organizations, the Joint Commission formed a coalition that developed principles for constructing patient safety reporting programs. The Joint Commission was a founding member of the National Patient Safety Foundation, which has a clearinghouse of information pertinent to issues in patient safety and funds innovative research dedicated to reducing risk, as well as the National Patient Safety Partnership, which is composed of federal and private bodies and is hosted by the Veterans Health Administration. The Joint Commission is also a member of the National Quality Forum, committed to finding a common pathway for creating consensus around nationally agreed upon measures for quality and safety.

Most recently, the Joint Commission has joined forces with the National Committee for Quality Assurance in two initiatives. The first is the formation of the Partnership for Human Research Protection, Inc., an accreditation program that will seek to protect the safety and rights of participants in clinical trials and research programs in public and private hospitals, academic medical centers, and other research facilities in the United States and abroad. The second initiative plans to establish a Privacy Certification Program for Business Associates. This program would evaluate applicant business associates to determine whether they are meeting standards for safeguarding protected health information based on the Health Insurance Portability and Accountability Act (HIPAA) of 1996, which establishes specific expectations for “covered entities” and “business associates” in limiting access to protected health information.

The Future of Accreditation



Through the Shared Visions-New Pathways initiative, the Joint Commission has worked with health care organizations and other key stakeholders to reach agreement as to what a modern accreditation process should be able to do and achieve as a constructive driver toward the provision of safe, high quality care. By 2004, the Joint Commission's accreditation process will shift the focus from survey preparation to the operations and internal systems that directly impact the quality and safety of care. Shared Visions-New Pathways significantly changes accreditation—both for the Joint Commission and its accredited organizations.

With more than 50 years of accreditation experience, the Joint Commission is truly "Setting the Standard for Quality in Health Care." From the development of the standards, through organization evaluations, to special programs and activities, the Joint Commission considers patient needs. That's how the Joint Commission continues to set the standard for safe, high quality care in the United States and internationally.

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